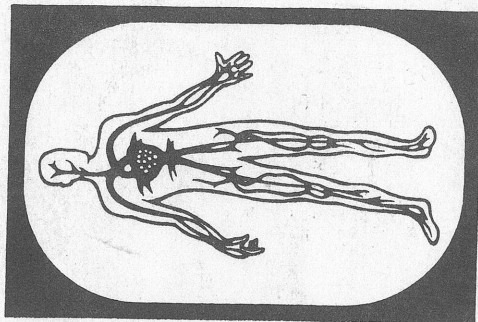
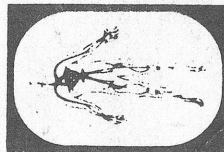


**CHELATION THERAPY—
NEW HOPE FOR THE VICTIMS
OF ATHEROSCLEROSIS AND
AGE-ASSOCIATED DISEASES**



An Information Pamphlet,
Courtesy of the

American College of Advancement in Medicine
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There is a safe and effective alternative to bypass surgery for atherosclerosis. Your case of severe hardening of the arteries need not lead to coronary bypass surgery, heart attack, amputation, stroke, or senility. There is new hope of recovery for victims of these and numerous related diseases. Despite what you may have heard from other sources, EDTA chelation therapy, administered by a properly trained physician and given in conjunction with lifestyle and dietary changes with specialized nutritional supplements, is an option to be seriously considered by persons suffering from coronary artery disease, cerebral vascular disease, brain disorders resulting from circulatory disturbances, generalized atherosclerosis and related ailments which lead to senility and accelerated physical decline.

Clinical benefits from chelation therapy vary with the total number of treatments received and with severity of the condition being treated. More than 75 percent of patients treated have shown significant improvement from chelation therapy. More than 90 percent of patients receiving 35 or more treatments have benefited when they have also corrected dietary, exercise and smoking habits, which are known to aggravate occlusive arterial disease. Symptoms improve, blood flow to diseased organs increases, need for medication decreases and, most importantly, the quality of life becomes much more enjoyable.

When patients first hear about or consider EDTA chelation therapy, they normally have lots of questions. Undoubtedly you do, too. Here are the answers to those most commonly asked questions, explained in non-technical language.

What is "Chelation"?

Chelation (pronounced KEY-LAY-SHUN) is the chemical process by which a metal or mineral (such as lead, mercury, copper, iron, arsenic, aluminum, calcium, etc.) is bonded to another substance. It is a natural process, basic to life itself. Chelation is one mechanism by which such common substances as aspirin, antibiotics, vitamins, minerals and trace elements work in the body. Hemoglobin, the red pigment in blood which carries oxygen, is a chelate of iron.

What is "Chelation" as a medical therapy?

Chelation is a treatment by which a man-made amino acid called ethylene diamine tetraacetic acid (commonly abbreviated to EDTA) is administered to a patient intravenously, prescribed by and under the supervision of a fully licensed physician (possessing a M.D. or D.O. degree). The fluid containing EDTA is infused through a small needle placed in the vein of a patient's arm (or leg, in some cases). The EDTA in solution bonds with metals in the body and carries them away in the urine. Abnormally situated nutritional metals, which speed free radical damage, and toxic metals, such as lead, are most easily removed by EDTA.

Is it done just once?

On the contrary, chelation therapy is a course of treatments which usually consists of anywhere from 20 to 50 separate infusions, depending on each patient's individual health status. Thirty treatments is the average number required for definite benefit in patients with symptoms of arterial blockage. Some patients eventually receive more than 100 infusions. Each treatment takes from three to four hours and patients normally receive one or more treatments each week. Over a period of time, these injections halt the progress of the free radical disease, which is the underlying condition triggering the development of atherosclerosis--and many other degenerative diseases of aging--giving the body time to heal, and time to restore blood flow through diseased blood vessels. With time these injections bring profound improvement to many metabolic and physiologic processes in the body. The body's regulation of calcium and cholesterol is restored by normalizing the internal chemistry of all cells.

Chelation benefits every blood vessel in the body, from the largest to the tiniest capillaries and arterioles, most of which are far too small for surgical treatment or are deep within the brain where they cannot be safely reached by surgery. In many patients, the smallest blood vessels are the most severely diseased. The benefits of chelation occur from the top of the head to the bottom of the feet, not just in short segments of a few large arteries which can be bypassed by surgical treatment.

Do you have to go to a hospital to be chelated?

No, in most cases it is an out-patient treatment available in a physician's office or clinic.

Does it hurt? What does it feel like to be chelated?

Being "chelated" is quite a different experience from other medical treatments. There is no pain, and in most cases, very little discomfort. Patients are seated in reclining chairs and can read, nap, watch TV, do needlework or chat with other patients while the fluid containing the EDTA flows into their veins. If necessary, patients can walk around. They can visit the restroom, eat and drink as they desire, or make telephone calls, being careful not to dislodge the needle attached to the intravenous infusion they carry with them.

Are there risks--or unpleasant side effects?

EDTA is relatively non-toxic and risk-free, especially when compared with other treatments. The risk of serious side effects, when properly administered, is less than 1 in 10,000 patients treated. By comparison, the overall death rate as a direct result of bypass is approximately 3 out of every 100 patients undergoing surgery, varying with the hospital and the operating team. The incidence of other serious complications following surgery is much higher, including heart attacks, strokes, blood clots, and prolonged pain. Chelation is more than 300 times safer than bypass surgery.

Selected Publications Available from AAMP.

CT - 1 CHELATION THERAPY - NEW HOPE FOR THE VICTIMS OF ATHEROSCLEROSIS AND AGE-ASSOCIATED DISEASES. \$3.50 each

An information pamphlet designed to answer questions most often asked by patients and potential patients.

CT - 2 DIRECTORY OF CHELATION PATIENTS. 2.00 each

This listing of hundreds of chelation patients, scheduled for release in the early Fall, 1984, lists chelation patients (alphabetical order by state, city, and patient's name) -- who are willing to talk with you about their experiences and results with chelation therapy.

CT - 3 DIRECTORY OF PHYSICIANS PRACTICING CHELATION. 2.50 each

Current Membership Directory of the American Academy of Medical Preventics listing Diplomates of the American Board of Chelation Therapy, Diplomate-Candidates of ABCI, and Academy Members pledged to chelate according to the Protocol for chelation therapy. (This Directory is updated on an annual basis).

CT - 4 AN OPEN LETTER TO THE TEXAS MEDICAL ASSOCIATION ... 1.00 each

This letter answers most questions raised by physicians who are skeptical about chelation therapy.

CT - 5 FREE RADICAL PATHOLOGY IN AGE-ASSOCIATED DISEASES: TREATMENT WITH EDTA CHELATION, NUTRITION AND ANTI-OXIDANTS by E.M. Cranton, M.D., and J.P. Frackelton, M.D. 3.00 each

A lengthy and highly technical, scientific explanation of chelation therapy. This manuscript will be of special interest to health care professionals.

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supplements is determined individually for each patient, based on nutritional assessment and laboratory testing.

Destructive Habits

It is important to eliminate the use of tobacco altogether, but if that is not possible, a marked reduction in exposure would be helpful. This applies to cigarettes, pipe tobacco, cigars, snuff or chewing tobacco. It has been consistently observed that patients who continued to smoke following chelation have demonstrated less improvement and for a much briefer time in comparison to non-smokers.

Only relatively healthy adults are able to tolerate alcoholic beverages without generating more free radicals than they can detoxify. Anyone who drinks more than one or two ounces of ethanol in 24 hours (four eight-ounce glasses of beer, four small glasses of wine, or two to three shot glasses of hard liquor) risks free radical damage. Even that amount is harmful on a regular basis. Victims of chronic degenerative diseases should completely avoid the consumption of alcohol.

Exercise

Finally, physical exercise is very helpful. Even a brisk 45-minute walk several times per week will help maintain the health benefits and improved circulation resulting from chelation therapy. Lactate normally builds up in tissues during sustained exercise and lactate is a natural chelator produced within the body.

Which brings us to the final question!

Is chelation therapy for you?

Only you can make that decision.

Chances are, your doctor won't help you decide. Patients who choose chelation often do so against the advice of their personal physicians or cardiologists. Many have already been advised to undergo vascular surgery. Occasionally, a patient never hears about chelation until he is hospitalized and a friend or relative begs him to look into this non-invasive therapy before proceeding to surgery. In an impressively large number of instances, a new patient comes for chelation on the recommendation of someone who has been successfully chelated.

You are encouraged to communicate with someone who's shared your dilemma, someone who can tell you about his or her own experience with chelation therapy. Feel free to contact others with problems similar to yours from names on the list of chelation patients from all over the country who will be happy to give you their side of the story.

Please refer to order blank (pg. 13) for a list of available publications and prices.

Occasionally, patients may suffer minor discomfort at the site where the needle enters the vein. Some temporarily experience mild nausea, dizziness, or headache as an immediate aftermath of treatment, but in the vast majority of cases, these minor symptoms are easily relieved. When properly administered by a physician expert in this type of therapy, chelation is as safe as taking aspirin. Patients routinely drive themselves home after treatment with no difficulty.

If EDTA is given too rapidly or in too large a dose it may cause harmful side effects, just as an overdose of any other medicine can be dangerous. Reports of serious and even rare fatal complications have stemmed from excessive doses of EDTA, improperly administered. If you choose a physician with proper training and experience, who is an expert in the use of EDTA, the risk of chelation therapy will be kept to a very low level. The American Board of Chelation Therapy (ABCT) provides training and examines physicians for competence in the specialized field of chelation therapy. A physician who has successfully completed the ABCT courses is knowledgeable in the safe and effective use of EDTA chelation therapy.

While it has often been stated that EDTA chelation therapy is damaging to the kidneys, the newest research (consisting of kidney function tests done on 383 consecutive chelation patients, before and after treatment with EDTA for chronic degenerative diseases) indicates the reverse is often true. There is often significant improvement in kidney function following chelation. An occasional patient may be unduly sensitive, however, and physicians expert in chelation monitor kidney function very closely to avoid overloading the kidneys. Treatments must be given more slowly and less frequently if kidney function is not normal. Patients with some types of severe kidney problems should not receive EDTA.

What types of examinations and testing must be done prior to beginning chelation therapy?

Prior to commencing a course of chelation therapy a complete medical history must be obtained. A detailed listing of diet will be analyzed for nutritional adequacy and balance. Copies of pertinent medical records and summaries of hospital admissions will be sent for. A thorough head-to-toe, hands-on physical examination will be performed. A complete list of current medications will be recorded, including the time and strength of each dose. Special note will be made of any allergies.

Blood and urine specimens will be obtained for a battery of tests to insure that no conditions exist which may be worsened by chelation therapy. A 24-hour urine collection will be requested to carefully assess kidney status. An electrocardiogram and chest xray will be ordered. A hair specimen will be tested for tissue levels of various nutritional and toxic metals. Non-invasive tests will be performed, as medically indicated, to determine the status of arterial blood flow prior to therapy. A consultation with other medical specialists may be requested.

Follow-up examinations and testing will be performed at regular intervals during and after therapy.

Is chelation therapy new?

Not at all. Its earliest application with humans was during World War II when the British used another chelating agent, British Anti-Lewisite (BAL), as a poison gas antidote. BAL is still used today in medicine.

EDTA was first introduced into medicine in the United States in 1948 as a treatment for industrial workers suffering from lead poisoning in a battery factory. Shortly thereafter, the U.S. Navy advocated chelation therapy for sailors who had absorbed lead while painting government ships and dock facilities. Physicians noticed that adults receiving EDTA chelation treatments who had both lead poisoning and atherosclerosis experienced health improvements that could not be explained by removal of lead--diminished angina, better memory, sight, hearing, sense of smell and increased vigor. A number of physicians began treating individuals suffering from just occlusive vascular conditions with chelation therapy and observed consistent improvements.

In the years since, chelation has remained the undisputed treatment-of-choice for lead poisoning, even in children with toxic accumulations of lead in their bodies as a result of eating leaded paint from toys, cribs or walls.

But from 1964 on, despite continued documentation of its benefits and the development of refined treatment methods, the use of chelation for the treatment of arterial disease has been the subject of controversy.

Is it legal?

Absolutely. There is no legal prohibition against a licensed physician (M.D. or D.O.) using chelation therapy for whatever conditions he deems it to be correct, even though the drug involved, EDTA, does not yet have atherosclerosis listed as an indication on the FDA-approved package insert. The FDA does not regulate the practice of medicine, but merely approves marketing, labeling and advertising claims for drugs and devices in interstate commerce.

It costs tens of millions of dollars to perform the required research and to provide the FDA with documentation for a new drug claim, or even to add a new use to marketing brochures of a long established medicine, like EDTA. Physicians routinely prescribe medicines for conditions not yet included on FDA approved advertising and marketing literature.

Several respected physician organizations sponsor educational courses in the proper and safe use of intravenous EDTA chelation. The American Academy of Medical Preventives publishes a physicians' protocol for the safe and effective method of treatment with EDTA. The American Board of Chelation Therapy has accepted this protocol for use in its certification programs.

heavy metal poisoning. Many insurance companies will not compensate policy holders for chelation therapy unless it is given for lead poisoning. If chelation therapy is given for atherosclerosis, it is often labeled "experimental" or "not customary" by medical insurance companies and payment is denied. They deny payment to patients even though they do pay for bypass surgery, and even though chelation might have saved them tens of thousands of dollars.

Traditional medical organizations, politically powerful, have consistently attempted to suppress chelation therapy, perhaps because of large vested interest in coronary related health care. The cost of all medical care for victims of heart disease in the United States in 1981, including coronary bypass surgery and prescription drugs, was \$39 billion. Obviously, many hospitals and physicians would be in serious financial difficulty, and might even have to find other outlets for their services, if this procedure, which might replace a gigantic industry, became universally popular.

Physicians who remain skeptical about chelation are those who have never used it. They are either completely uninformed about the extensive research that has been done to document the safety and effectiveness of chelation therapy, or they are committed by training or source of income to other therapeutic procedures, such as vascular surgery.

What else is involved in a complete program of chelation?

Your lifestyle counts. Chelation therapy is only part of the curative process. Improved nutrition and improved lifestyle are absolutely imperative for lasting benefit from chelation treatments. Chelation is not in and of itself a "cure-all"--it merely reduces abnormal free radical activity, allowing normal control mechanisms to come into play so that free radical damage can be repaired and health can be restored with the help of applied clinical nutrition, antioxidant supplementation and lifestyle corrections. Chelation therapy involves all of these factors. Chelation is also compatible with other forms of therapy, including bypass surgery.

In addition to receiving the necessary number of chelation treatments, patients eager for long term benefits should be warned: chelation alone won't last for long. Individuals suffering any form of free radical disease must be prepared to improve the diet that started the disease, take nutritional supplements, be physically active and eliminate destructive lifestyle habits such as tobacco and excessive alcohol.

Nutritional Supplements

A scientifically balanced regimen of nutritional supplements reinforces the body's antioxidant defenses and should include vitamins E, C, B1, B2, B3, B6, B12, pantothenate, PABA, beta carotene and glutathione. A balanced program of mineral and trace element supplementation should include magnesium, zinc, selenium, manganese and chromium. The exact prescription for nutritional

Is it true that chelation therapy combats atherosclerosis by acting like a "liquid plumber"--by leeching calcium out of the atherosclerotic plaque?

No. Before recent medical breakthroughs in the area of free radical pathology, it was hypothesized that EDTA chelation therapy had its major beneficial effect on calcium metabolism--that it stripped away the excess calcium from the plaque, restoring arteries to their pliable precalcified state. This frequently offered explanation--the so-called "roto-rooter" concept--is not the real reason, as previously postulated, that chelation therapy produces its major health benefits. The fact that EDTA does remove some circulating calcium is now felt to be one of the less prominent aspects of its benefits.

More important, EDTA has an affinity for the so-called transition metals, iron and copper, and for the related toxic metals, lead, mercury, cadmium and others, which are potent catalysts of excessive free radical reactions. Free radical pathology, it is now believed, is the underlying process triggering the development of most age-related ailments, including cancer, dementia and arthritis, as well as atherosclerosis. Thus, EDTA's primary benefit is that it greatly reduces the ongoing production of free radicals within the body by removing accumulations of metallic catalysts which accumulate as a person grows older at abnormal sites in the body, speeding the aging process.

This is a greatly oversimplified explanation of what actually occurs. For those of you with a decided interest in the scientific technicalities you can send for the manuscript entitled "Free Radical Pathology in Age-Associated Diseases: Treatment with EDTA, Nutrition and Antioxidants" by Doctors Elmer M. Cranton and James P. Frackelton. (See order form.)

For a fuller explanation of the many issues involved, written in popular form for the general public, you will enjoy reading "Bypassing Bypass" by Dr. Elmer M. Cranton and Arline Brecher. This book is available in all of the usual retail outlets and directly from AAMP. To order send \$16.95 plus \$1.50 for postage and handling to the American Academy of Medical Preventives, 6151 West Century Blvd., Suite 1114, Los Angeles, CA 90045. Quantity discounts are available.

Why haven't I heard of chelation before?

If EDTA chelation therapy is as safe and effective as indicated by recent studies (as described in Addenda III and IV, including references listed at the end of those sections) and by the experience of hundreds of doctors, why haven't you heard more about it? That is a good question!

Until quite recently, relatively few patients have been informed that this therapy is available. Most heart specialists may not have even heard of the treatment and would be reluctant to prescribe it if they had. The American Medical Association has not yet approved chelation therapy for atherosclerosis, although it does endorse its use in the treatment of lead and other

ABCT's educational programs for physicians, followed by oral and written examinations, lead to certification as diplomates with demonstrated competence in the proper use of EDTA chelation therapy. The American Holistic Medical Association, another national physicians' organization, also offers workshops and lectures on the subject.

On the question of legality, the interpretation of laws pertaining to "informed consent" is evolving in the courts and it is now possible that a physician who withholds information about the availability of other treatment choices, such as chelation therapy, prior to performing vascular surgery (along with all other treatment modalities) could be found legally liable. Withholding information about a form of treatment may be tantamount to medical malpractice, if as a result, a patient is deprived of possible benefit. Thus, it is the doctors who refuse to recognize and inform their patients of chelation who are risking legal liability--not those chelating physicians who provide an innovative treatment which they feel to be the safest, the most effective and the least expensive for many of their patients.

What proof do you have that it works?

Physicians with extensive experience in the use of chelation therapy observe dramatic improvement in the vast majority of their patients. They see angina routinely relieved, patients who suffered searing chest pains when walking only a short distance are frequently able to return to normal, productive living after undergoing chelation. Far more dramatic, but equally common, is seeing diabetic ulcers and gangrenous feet clear up in a matter of weeks. Many individuals who had been told that their limbs would have to be amputated because of gangrene are thrilled to watch their feet heal with chelation, although some areas of dead tissue may have to be trimmed away surgically. The approximately 1,000 American physicians practicing chelation therapy have countless files to prove they are able to reverse serious cases of arterial disease. Men and women often arrive at their offices near death with diseases caused by blocked arteries. Weeks or months later, they're remarkably improved. There is a wealth of evidence from clinical experience that symptoms of reduced blood flow improve in more than 75 percent of patients treated.

In addition, several research studies have been published with results of before-and-after diagnostic tests using radioisotopes which prove statistically that blood flow improves following chelation. Copies of those published reports are available from AAMP (refer to the order blank at the end of this booklet). Regardless of blood flow studies, if claudication is relieved, if angina becomes less bothersome, and if physical endurance or mental acuity improves, such benefits would be quite enough to justify EDTA chelation therapy. Quality of life and relief of symptoms are far more important than the results of laboratory tests.

What does it cost?

A course of treatment for a patient with advanced hardening of the arteries generally requires from six weeks to six months and costs up to \$3,000 or more for 30 treatments. This is considerably less than bypass surgery which is normally well over \$25,000. A person who receives only a few treatments for preventive benefits can expect to pay approximately \$100 per treatment, including the associated kidney tests.

What about bypass surgery?

Coronary artery bypass surgery, the popularly-prescribed procedure in which occluded portions of major coronary arteries are bypassed with grafts from a patient's leg veins, has never been proven by properly controlled studies to offer an advantage over non-surgical treatments, other than relief of pain in a minority of patients who cannot be controlled with medicine. It has even been suggested that the relief of pain following surgery might result from the cutting of nerve fibers which carry pain impulses from the heart and which also stimulate spasm of coronary arteries. It is not possible to perform bypass surgery without interrupting those nerves.

Indeed, the most recent research suggests that many of the 200,000 bypasses performed each year for the relief of pain and other symptoms brought on by clogged or blocked arteries are not necessary. A good case against rushing into bypass surgery is made by the findings of a ten-year, \$24 million study conducted by the National Institutes of Health (NIH) which compared post-operative survival rates of "bypassed" patients with a matched group of equally diseased patients treated non-surgically.

The study uncovered no additional benefits for most patients who had been operated upon, compared with non-surgical therapy. It is important to note that the non-surgical therapy reported in that study did not include either chelation therapy or the new calcium blocker drugs, and that only half of the patients received beta blocker drugs. Having surgery didn't improve their chances to live longer, live healthier, live better, or enjoy life more, when the results were statistically analyzed. The incidence of heart attacks (myocardial infarction) and both employment and recreational status were the same in patients treated surgically and nonsurgically, even without using chelation therapy for the nonsurgical treatment group.

Most important, cardiovascular surgery does nothing to arrest or reverse the underlying disease which exists in varying degrees throughout the body. It is at best a piecemeal "cure" for a system-wide problem. Bypassing a restricted portion of the body's blood vessels can have little lasting benefit when the same degenerating condition which caused the most extreme blockage at one or two sites must of necessity be taking place everywhere, throughout the circulatory network.

One thing the general public is not fully aware of is that many people who have one bypass operation later need a second bypass. Sometimes the blood vessels that weren't bypassed become clogged and also need bypassing; sometimes the transplanted

vessels used in the first graft become filled with new plaque; sometimes the transplants malfunction or turn out to be too small for the job. As a matter of fact, studies have shown that by ten years after surgery, grafted vessels had closed in 40 percent of patients, and in the remaining 60 percent, half developed further coronary narrowing. Once you've had a bypass, your chances of needing another go up about five percent a year. After five years, some specialists estimate, your chances of needing a second operation could be as high as 30 to 40 percent. And some patients go on to even a third operation or more. And approximately 2 to 3 out of every 100 patients undergoing bypass surgery die as a result of the procedure--even more if they are severely ill at the time of surgery.

Chelation patients are frequently able to return to work and to resume their sports and other activities, without the need to undergo surgery. If they stay on a proper diet, exercise regularly, continue to take the prescribed program of nutritional supplements and receive periodic maintenance chelation treatments (monthly, more or less, depending on the severity of the underlying medical diagnosis) they can usually go many years without suffering further heart attacks, strokes, senility or gangrenous extremities.

If you, like most people eager for additional information about chelation therapy, have been told you have advanced arterial disease, you may have been advised to have vascular surgery. If so, it is essential for you to understand the nature of your disease and all possible treatment choices, before you can make an intelligent decision concerning the various options. Even if chelation and other nonsurgical therapies should fail, bypass still remains a choice.

Why can't chelation be taken by mouth in pill form, instead of by intravenous injection?

Chelation therapy is gaining recognition so rapidly that there is growing interest in developing an oral chelator that will produce benefits similar to intravenous EDTA. Many nutritional substances administered by mouth are known to have chelating properties but none have the spectrum of activity of intravenous EDTA. Many nutrients such as vitamin C and the amino acids cysteine and aspartic acid have the ability to weakly chelate metals.

Claims are being increasingly made for the use of nutritional supplements containing weak chelators in patients with atherosclerosis. There is nothing new about these products which are being aggressively marketed with glowing testimonials and deceptive marketing. Benefit from products taken by mouth has never even come close to the much more dramatic results seen with intravenous EDTA. There are no potent oral chelating agents now available which are safe to take by mouth or which produce improvement comparable to EDTA.

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Warren Levin, MD: Chelation therapy

Chelation therapy, the introduction of a synthetic amino acid into the bloodstream, is a safe and effective treatment for atherosclerosis, Warren Levin, MD, told Health Care News Special Writer Betsy Hull in a recent interview.

Because chelation therapy does not rely solely on medication but on other ongoing measures to maintain good health as well, it doesn't carry the risks of bypass heart surgery, said Levin.

Levin, who practices in New York City, discusses this therapy, his program and why it meets with resistance from the medical orthodoxy.

HCN: Describe chelation therapy.

Levin: When a patient undertakes chelation therapy, the actual treatment consists of coming to the office, sitting in a comfortable chair and getting an intravenous, slow, drip or fusion of a solution that is made up for the particular patient which almost always contains Ethylene Diamine Tetra Acetic Acid (EDTA), vitamin C and other vitamins and minerals according to the individual case.

The infusion lasts for at least 3 and one half, and frequently four to five hours. It is just like the intravenous that you see people getting in the hospital all the time. The patients are free to move about, read, converse,

play backgammon or sleep. And, when the infusion is finished they are unhooked and go home.

HCN: Would you elaborate on a description of EDTA?

Levin: It is an amino acid but one the body does not normally have and it appears as though our bodies are totally unable to metabolize it. It floats through the system and as it goes through the blood stream it picks up metallic ions, calcium, zinc, chromium, cadmium, lead, and incorporates them into the structure of the amino acid itself. (They are) then eliminated so that toxic reactions are very few because there isn't any real interaction with the body except for the removal of the minerals.

HCN: They receive this treatment once or twice a week?

Levin: The general process is twice a week. In acute emergency situations it can be given more frequently, but the more frequent the administration the more we have to be concerned about running into problems with excessive dosage. Earlier, when I started, I would routinely give five treatments a week, one a day, every day and then two days off for the weekend, whether the patient was in the hospital or not. We used to give it in

the hospital that way. But, we found that it caused more complications and that except, as I say, in emergencies it is rarely done that way now.

You can't talk about curing atherosclerosis. But, we feel that we have good evidence to demonstrate that the blood flow to the brain... is increased after chelation therapy.

HCN: In terms of how long this procedure takes, is it over a period of weeks, months or years?

Levin: We give an active treatment program of a minimum of 20 treatments, twice a week. So we're talking about a 10-week period. When we have accomplished our purpose, either the patient is relieved of his symptoms, has normal cardiograms, has returned to

normal or has a normal blood flow... our recommendation for the patient is to continue, usually on one treatment a month, just to attempt to maintain the gains. Basically, hardening of the arteries is a progressive, degenerative disease. We aren't foolish enough to think we can keep people alive forever and we do think that there is some advantage to long-term treatment.

HCN: Would you like to address those advantages now? What would they specifically be?

Levin: What we feel is the process, laying down this atherosclerotic plaque is slowed or arrested, or possibly even reversed, with chelation therapy. When people discontinue the therapy completely they have a tendency to... get back into the same accelerated laying down of this process.

As I said, ultimately, we feel that most people in this country today are going to develop atherosclerosis and anything we can do to slow it down is advantageous.

HCN: Are there any other procedures prescribed to your patients along with this special type of therapy to prevent them further trouble?

Levin: Well certainly. I think most of us doing chelation therapy don't like to consider chelation the mere introduction of the intravenous. We feel it's a program. The program involves a dedication to getting well. It involves a significant exercise program, unless it is absolutely impossible. It involves taking appropriate supplements of vitamins and minerals. And we feel it also involves some sort of psychological equilibrium, either a meditation program, bio-feedback, stress reduction or prayer, and certainly in the overall scheme of things we feel that we get better results from this synergistic approach—usually all of them—than from a single one.

HCN: Why is EDTA more effective than slow channel blockers?

Levin: The slow channel blockers are the current darling of the medical orthodoxy in cardiology and they certainly are effective in reducing symptoms. All of us in medicine, I think, recognize that one of our basic responsibilities to patients is to relieve symptoms, so that we don't begrudge them (physicians) that and, indeed, I use that drug on occasion. The reason we feel that EDTA is more effective is when people are taking procordia, if they stop taking it, within a day or two their symptoms are back. When we treat people with chelation and they get relief of symptoms, that relief is continued long after the drug is out of their system. It may be weeks, or months or years before the patients develop symptoms again. And, it is not a cure. A cure implies that you have taken something and removed it and the patient never has to worry about it again.

You can't talk about curing atherosclerosis. But, we feel that we have good evidence to demonstrate that the blood flow to the brain for instance, is increased after chelation therapy. Weeks and months after chelation, not just the day it is done. And cardiograms are improved for long periods of time and circulation to the extremities for long periods of time. So, it's on that basis that we say this is a more effective kind of treatment.

HCN: You mentioned some instances where this therapy might not be used, can you be more specific?

Levin: Two important potential complications are allergic reactions—one can be allergic to almost anything. There are a few but I have never had any serious ones though.

The other important potential problem is heart failure or borderline heart failure. (If) we introduce a load of fluid into the system too rapidly we can aggravate that overworked heart condition. And this is important. Basically it is very difficult in this country today to get chelation therapy, let's say immediately after a stroke or heart attack. The few places around the country where it can be done report good results, but my patients can't get it because I don't work in a hospital and certainly if somebody has a heart attack, I would have them in the hospital. We will do emergency chelation on patients that are getting increasing severe angina or severe pains in the legs or transient ischemic attack, but at the point when the patient requires hospitalization I am forced to retire from the picture.

HCN: This therapy is used internationally. Could you name some specific places where it is used?

Levin: Yes, there have been reports from Czechoslovakia and Russia. We have members of our society in Germany. I know of one or two people who have used it in Israel.

Levin: What are some of the side effects that might result from this therapy?

Levin: The major side effect that is bandied about... for instance, the latest issue of *Good Housekeeping* magazine has just indicated that chelation therapy is dangerous and can damage your kidneys and even kill you. There is no question that more than 20 years ago deaths were reported from kidney damage due to chelation treatment. But that's when this therapy was just beginning to be used and the dosage had not been adequately refined.

There was no recognition at first that healthy kidneys could handle it, while sick kidneys had difficulty. One of the reasons that we cut the dosage down to twice a week for routine situations is at that dose level we don't... not only does it not do kidney damage, but we have hundreds of cases where patients who have tests that demonstrate diminished blood flow through the kidneys, diminished filtration of urine through the kidneys and after chelation they have improved, frequently to the normal level.

People with hardening of the arteries have hardening of the arteries all over. The arteries to the kidneys are frequently involved and this can be one of the causes of degeneration and death. We can demonstrate improvement in that function after chelation when it is carefully and properly administered.

HCN: Is this a case of a new idea that is threatening the old ways of medicine?

Levin: It must be terribly threatening because one of the major arguments that the average doctor will put up is that if it's so good, why isn't there anything published. There is a great deal published, but we have a lot of difficulty getting things published in the major, important journals. We had one very specific situation that I would like to elucidate as an example of how outrageous this situation is. If you don't want to use it you can drop it.

In October 1980, the *New England Journal of Medicine* published an article... it really isn't an article, it's just a short report on the results of treating a very unusual heart disease with a drug then not available in the United States. They reported on one case and said it was of sufficient interest that even though it was not available and even though it was a rare condition, doctors should know about it. The test they used to demonstrate the effectiveness is a very good test of heart function called the ejection fraction. One of my colleagues, Richard Casdorph, MD, in California had just completed a study on 16 or 18 patients with coronary artery disease, which is the most common heart condition in the United States today, using EDTA, which is a drug any doctor can obtain.

Testing the patients before and after treatment with the exact same test, the ejection fraction, he demonstrated all but one of these patients improved using this treatment. It wasn't just one patient, but a series. Virtually all of them improved. He sent a short resume in and they turned it down.

HCN: Did they give any reason?

Levin: No. They specifically said in the letter that they did not have to give any reason for turning down a short report. If it's an article they will criticize the article but a short report like this they just couldn't afford to give much criticism. They reviewed and decided not to publish it. The (Casdorph) is the chief of cardiology at a community hospital in California and he is a fellow of the academy of physicians, a very prestigious internist.

They have their own journal, a very prestigious journal. He submitted his same article to them and they turned it down also. It was finally published in the *Journal of the American Holistic Medical Association*—which is wonderful to get it published—but that journal is not listed in the computer when doctors look up articles.

HCN: And it's not really reaching the audience he wants to reach.

Levin: That's right. So we have the evidence for the heart, we have the same kind of evidence for the improvement of blood flow to the brain and we can't get it published. Then they criticize us for not publishing material. It's a very funny Catch 22. A very sad Catch 22.

HCN: What do you think will happen?

Levin: Well, we feel the evidence we are accumulating now with the newer test, the radioactive tests now available, the angiograms available without the dangers of a catheter procedure, (the results) are going to be ultimately so overwhelming that we are going to break through this black-ball barrier. But, it's taking time and we don't have money. You understand one of the reasons there is difficulty getting the studies done is the studies are extremely expensive... if one is going to satisfy the critics.

The patent on EDTA expired years ago, just after the thalidomide incident when the Kefauver Commission changed the job of the Federal Drug Administration. The FDA originally insured the safety and efficacy of drugs. And the FDA literally had to review every drug in use and get proof of efficacy. The people who owned the patent rights on EDTA realized they had only about one more year before the patent expired. They knew they had proof of efficacy for other indications so they could keep it on the market. But, to invest the enormous amount of time and money to prove it would just not give them any kind of return of profit. So they chose just to delete the indication they had in their package for hardening of the arteries. That is the reason it is not indicated anymore. It is simply by default. We have submitted enormous evidence to FDA...

HCN: When you say "we" who do you mean?

Levin: The American Academy of Medical Prevention. Do you have their address? I would like you to have it in the article because people who are interested should be able to get more information. It's 8383 Wilshire Boulevard, Los Angeles, California 90211. We hold two weekend seminars a year to teach physicians the rationale and how to do it. We have certifying examinations anxious to hear from any physician who wants to evaluate it. We feel anybody who looks at the evidence will come away amazed at how much good evidence there is for the safety and efficacy of this drug.

HCN: What does the Academy do?

Levin: The Academy is the organization of physicians who are interested in alternative approaches to cardiovascular therapy. It is our desire to educate the professionals and public. We now have an auxiliary group for the public.

HCN: About how many patients a year undergo this treatment?

Levin: In my office?

Levin: Well, we administer probably 2,500 treatments a year. That is individual transfusions. Some patients are getting more than 20 and a few interrupt the treatment. If you figure 20 each... that would be 100 some different patients.

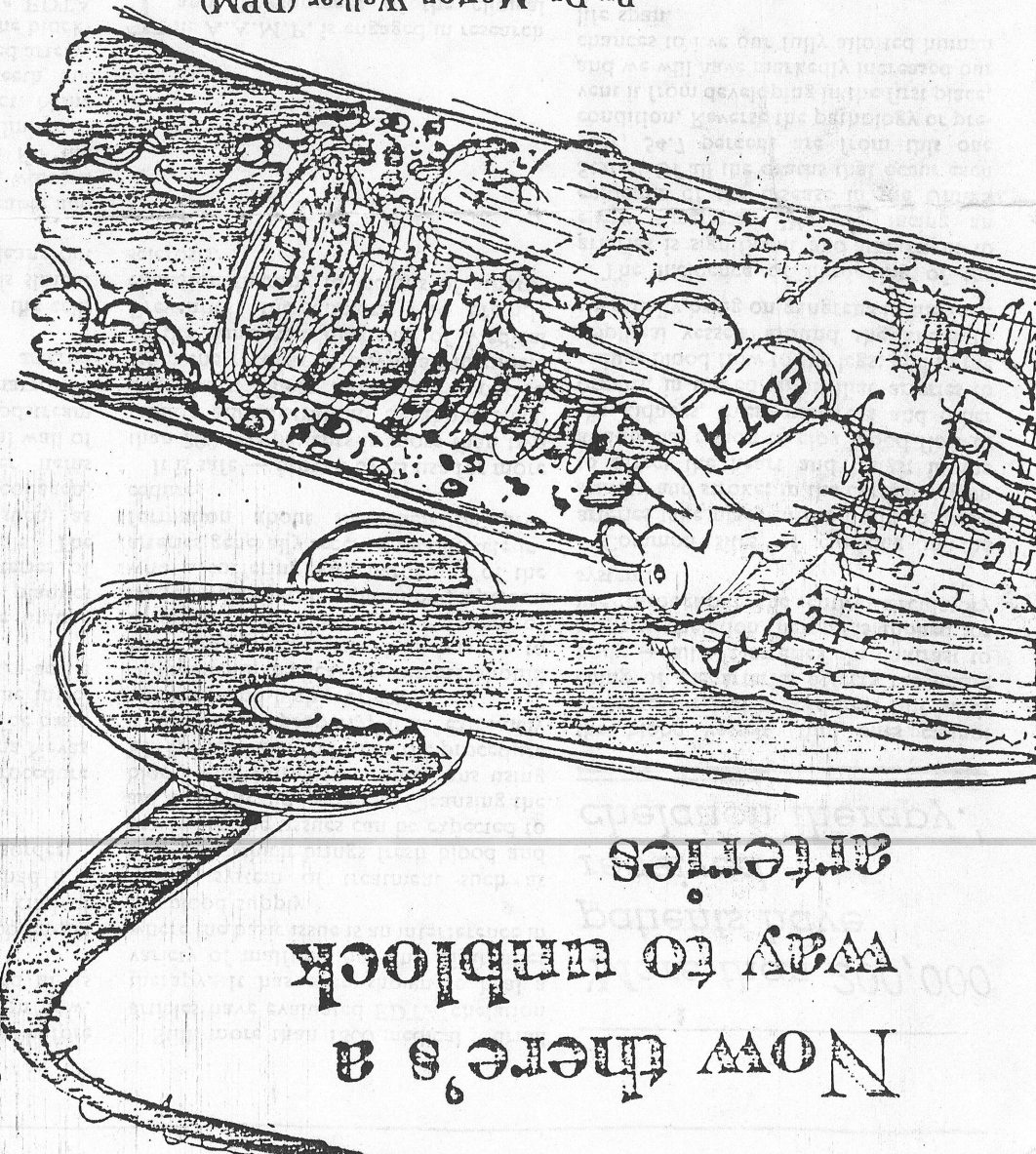
HCN: Would you be able to give me a nationwide figure for the number of patients undergoing this treatment?

Levin: I believe there is now well over 100,000 patients who have been treated with over two million infusions.

HCN: Is there anything else physicians should know?

Levin: Well... people shouldn't get confused between chelation therapy and chelated minerals that they take as supplements. There is an obvious relationship and it has to do with what chelation means. Chelation is a process in which a large molecule literally folds itself around a mineral and takes that mineral and neutralizes it chemically. Everybody knows that if you take Epsom salts, which is magnesium sulfate, it causes a violent reaction in the intestinal tract because the magnesium is then ionized and acts as an irritant... When we take that same ion of magnesium and chelate it, it nullifies the excessive activity... If we absorb the ascorbic acid with the magnesium and we will not get that violent reaction. So, we use chelated materials by mass to increase the absorption of the minerals. We introduce the chelation molecule into the body, it takes up the minerals in the body and removes them from the body.

Now there's a way to unblock arteries



By Dr. Morton Walker (DPM)

The woman was frightened badly but did not panic. She sought solace from her family, who told her to take the risk with surgery. Then she turned to her personal physician and talked over the pros and cons of the heart surgery. Warren M. Levin, M.D., whose office is in the World Trade Center in New York City, suggested that she might try an alternative approach first before subjecting herself to the surgeon's knife. With only a 50 percent chance of surviving the operation itself, Mrs. Nevas agreed she had little to lose by a short delay with some medical attention first.

The alternative medical treatment consisted of intravenous injections with a synthetic amino acid which removes toxic metals from the arteries. She also performed mild therapeutic exercises daily and took concentrated nutrition with specific dietary supplements, especially vitamins and minerals, prescribed by Dr. Levin.

The treatment worked extremely well for Mrs. Nevas. Her blood pressure became normal for her age, her sight improved; the dosage of insulin she was taking for diabetes was reduced greatly. Her hands and feet grew warm with better blood flow, and none of her other health problems gave any trouble.

The patient continued with her changed lifestyle and the injections for many months despite the doubts expressed by members of her family and their own physicians with whom they discussed the procedure. They wanted Edna Nevas to have the heart operation but she refused. "I feel better now than have for 15 years, so why should I go under the knife?" she said.

A full year passed without the woman having any problem. While the intravenous injections had long since been discontinued, she kept up with her healthier lifestyle.

She exercised daily on a mini-trampoline called a Rebounder; she took high doses of all the usual vitamins which acted as co-enzymes in her system. The vitamin co-enzymes helped her arteries to release the necessary enzymes so that the former heart victim could cope with stressors she met daily life.

Additionally, she had periodic ha-

analyses to determine which mineral supplements to increase or decrease. And transcendental meditation became part of her regular routine. Most of the after-effects of the intravenous injections — about 30 of them — contributed to Mrs. Nevas' health improvement.

Then Dr. Levin's patient went to another arteriographic study just to see if signs of her heart valve problem remained. The particular heart valve that

fat, smoking two packs of cigarettes daily, and having a type A personality. Type A behavior is characterized by a chronic sense of time urgency on the part of the involved person. The woman carried a free-floating hostility with an explosive speech pattern and constant impatience.

Edna Nevas sought medical help and underwent special heart studies including arteriography. Arteriography is the visualization of arteries by X-rays after injection of a radiopaque contrast material into the body. Her cardiologist wanted to determine if she was a candidate for heart valve replacement, which meant open heart surgery.

Heart surgeons told the patient that she would not live more than three more months if she did not have her diseased valves replaced. They added, however, that there was only a 50-50 chance of her coming out of the operating room alive.

Hardening of the arteries generally, in fact, was the basic underlying condition of most of her health difficulties. The woman's blood vessels were blocked by atheromatous plaque laid down along the inner arterial walls. The condition arose from the stressful way she lived.

Mrs. Nevas consumed overly processed foods as almost 100 percent of her diet. She took no regular exercise and experienced internal and external pollution from eating too much dietary

More than 200,000 patients have received chelation therapy.

the blood vessels, they ones cannot undergo surgical procedures. But hardening of the arteries affects the entire body — all the arteries. In contrast to surgery, chelation therapy is applied for use throughout the entire circulatory system.

Common sites of clogging in the arteries take place in the brain to cause senility and stroke; in the cardiac region to affect the heart and lungs; in the abdominal region to clog blood flow to the kidneys, liver, pancreas and other organs; in the common iliac arteries to reduce blood flow in the legs; and in the popliteal vessels around the knees to eventually bring on gangrene in the feet.

The incidence of hardening of the arteries is significant and important to every American. We are facing an epidemic of the disease in the United States. Of all the deaths that occur each year, 54.7 percent are from this one condition. Reverse the pathology or prevent it from developing in the first place, and we will have markedly increased our chances to live our fully allotted human life span.

In 1910, Nobel laureate Alexis Carrel indicated that a human being is genetically programmed to live 120 years. Yet, we live a little more than half that number on the average. Russian scientists have come to the same conclusion because hardening of the arteries brings us to premature death.

EDTA chelation therapy, mineral and vitamin supplementation, exercise, and other procedures recommended by the Academy of Medical Preventives can be our instruments to accomplish a longer and healthier life.

FAMILY HEALTH CLINIC, P

15850 E. Warren
Detroit, Michigan 48224
Preventive Medicine • Nutritional Therapy
Family Practice

RICHARD E. TAPER



Still, more than 1800 medical journal articles have evaluated EDTA chelation therapy. It has been shown to heal a variety of malfunctions and disabilities where the basic issue is an interference in the blood supply.

Any system of treatment such as chelation which brings fresh blood and oxygen to the tissues can be expected to aid in the healing process. Cleansing the blood with intravenous infusions using EDTA does this and when the procedure is performed properly, it is extremely scientific and highly effective.

American medical consumers should know about the medical alternative to coronary bypass and other forms of heart surgery. As it stands now, a person who is suffering with hardening of the arteries generally receives incomplete information about the chelation procedure.

It is safe — proven by its use for more than 200,000 patients in more than two million administrations by about 1,000 physicians. These figures are reported from the records of physician members of the American Academy of Medical Preventives, the doctors who provide chelation therapy to victims of atherosclerosis.

The A.A.M.P. is engaged in research and development of the clinical applications of chelation therapy. The Academy also aims to educate physicians and the public on cardiovascular disease and the administration of EDTA for that disease. Its 400-plus members use vitamin and mineral nutritional supplementation, diet modification, exercise, relaxation techniques including biofeedback, fasting, clinical ecology, and non-invasive diagnostic procedures for aiding in bringing the benefits of chelation therapy to patients.

Toward this end, the A.A.M.P. has supplied me with information for publication of a new book: *How Not to Have a Heart Attack* (Franklin Watts, Inc., 1980, \$6.95), which contains the complete self-help program against heart disease and other degenerative diseases. My book provides the step-by-step lifestyle to reverse hardening of the arteries. By an alteration to a healthier lifestyle and the taking of chelation therapy, hardening of the arteries may be avoided or, if you have symptoms already, they can be reversed. No cardiovascular operations are required. Since surgery on the arteries is restricted by the size of

had needed replacement so badly before showed virtually no deterioration now. It was even markedly improved in its functioning.

This was astonishing to the observing physicians because usually, the kind of cardiac condition this patient had is a rapidly progressive and fatal disorder.

The EDTA solution has the unique property of breaking up the plaques which commonly clog the arteries of middle-aged and elderly people. The plaques' cellular elements such as foreign proteins, heavy metals, collagen, fibrin, cholesterol, and other items release their hold on the internal wall of an artery and leave the bloodstream through the kidneys. The narrowed artery gets wider. Blocked arteries become unclogged.

Injecting EDTA thus flushes the cells and cleans off the arterial walls similar to the way a septic engineer cleans out the clogged pipes in a house.

Testing reveals that a measurable and definite amount of heavy metal, which is acting as a binding substance for the atherosclerotic plaques, is eliminated through the genito-urinary tract. None comes from the bones and teeth but rather it comes out of the clogged artery. You figuratively unplug away the blockage of an artery by use of the EDTA solution.

Thermograms and other diagnostic tests taken before and after the chelation treatment reveal that areas of impaired circulation are restored to almost normal by this fascinating and efficient liquid engineer called EDTA. It picks up the clogging material within the arterial wall and leaves behind a smooth, clean surface. The blood is then allowed to stream without obstacles.

EDTA chelation therapy has been used in the United States for hardening of the arteries since 1952. Yet it is not commonly known among the people or employed by the medical community at large. It is usually applied for detoxification in cases of lead poisoning or radiation toxicity, and is approved for this use by the Food and Drug Administration.

The same mechanism that makes EDTA chelation a beneficial antidote against heavy metal poisoning makes it equally useful against hardening of the arteries. Even so, the treatment is broadly opposed by sectors of the American Medical Association.

CHLATHION THERAPY

Pathway to a Healthier Heart

by Dr. Morton Walker, DPM

Over half of the non-accidental deaths in this country are due to heart attack and stroke caused by arterial blockage. A little-known, but highly effective natural therapy program is proving itself completely safe and consistently more effective than the alternative of surgery.

disease who don't know about EDTA chelation therapy? Many of whom don't even have the option of surgery to relieve the blockage.

While arterial surgery is restricted to the larger blood vessels, hardening of the arteries affects the circulatory system of the entire body. Common sites of arterial clogging take place in the brain which causes senility and stroke; in the cardiac region to affect heart and lungs; in the abdominal region to impair blood flow to the kidneys, liver, pancreas and other organs; in the common iliac arteries to reduce blood flow to the legs; and in the small popliteal vessels around the knees to eventually bring on gangrene of the feet. It is in these cases that chelation therapy proves especially invaluable because injections of the EDTA solution can reach and affect even the smallest capillaries which are inoperable under normal circumstances.

For all the remarkable benefits and usefulness of chelation therapy, the most remarkable aspect of the treatment is that it is not commonly employed or even being considered by the medical community at large as a cure for hardening of the arteries. Although it has been used therapeutically in the U.S. since 1952, it is more widely known for its detoxification effects in cases of lead or radiation poisoning and is approved for this purpose by the Food and Drug Administration. But, the same cleansing mechanism that makes EDTA chelation a good antidote against heavy metal poisoning, makes it equally beneficial against hardening of the arteries. Even so, it is broadly opposed by many doctors, especially surgeons. Still, more than 1800 medical journals articles have positively evaluated EDTA chelation therapy. It has been shown to heal a variety of malfunctions and disabilities where the basic issue is an interference in the blood flow.

Moreover, testing reveals that EDTA also helps pull calcium from the other areas of the body where it is abnormally deposited (tendons, joints and ligaments), but does not remove calcium from the bones and teeth where it serves a very useful purpose.

Thermograms and other diagnostic tests taken before and after the chelation treatment reveal that areas of impaired circulation are often restored to normal by this fascinating and efficient medical process. After it removes the clogging material from the arterial wall, a smooth, clean and unblocked surface is left behind. Thus, blood can circulate without obstacles.

Chelation therapy has worked extremely well for many victims of hardened arteries. Blood pressure usually becomes normal, hands and feet grow warm with improved blood flow, kidney problems are averted and the chances of stroke and heart attack are greatly reduced or eliminated.

During and after treatment, most EDTA patients are encouraged to change their lifestyles to a more healthy mode of living. They are told to exercise daily and take high doses of vitamins E, C and B-complex and minerals, all of which help the arteries remain healthy and flexible. Additionally, patients are advised to have periodic hair analysis to determine precisely what mineral supplements they should take to maintain the body's natural chemistry. But, most of all, it is the effects of the intravenous infusions of EDTA — usually from 20 to 50 injections over a period of months — that return patients to an improved state of health and vitality.

Thanks to chelation therapy, people with hardening of the arteries can reverse its effects and have many more productive years ahead of them. But, what about the millions of Americans suffering with various forms of this

Hardening of the arteries is a growing threat to every American. We are currently facing a very real epidemic of this illness—with symptoms ranging from poor circulation in the extremities, to kidney disorders and heart disease. It is currently estimated that over 50% of all the disease-precipitated deaths in this country are the result of one form or another of hardening of the arteries.

When a person is diagnosed as having hardening of the arteries, he or she is usually offered very few choices in dealing with the illness. If the blocked arteries are large enough to be operated upon and cleaned out, the victim can take his chances with surgery. But, if the stricken blood vessels are too small for surgical techniques, then the patient must become resigned to living with this seemingly incurable and progressive disease.

Unbeknownst to most people, however, there is a unique medical process that can clean out the arteries and renew blood flow throughout the entire body — without surgery! This exciting process is EDTA Chelation Therapy.

EDTA chelation (pronounced "key-lay-shun") therapy consists of intravenous injections of a symthesized amino acid called ethylene diamine tetracetic acid, abbreviated EDTA. When the EDTA solution is injected into the blood stream, it breaks down and locks onto, or chelates, the plaques which commonly clog the arteries of middle-aged or elderly people. EDTA causes the cellular components of the plaques, such as calcium ions, cholesterol and other debris, to release their hold on the internal wall of the arteries. These particles then become a part of the EDTA solution and can leave the bloodstream through the kidneys and finally be eliminated in the urine. As this occurs, the narrowed arteries become unclogged and get wider.

Flushing ... and oxygen to the tissues and can aid in the healing process. When this procedure is performed properly, it is an extremely scientific and highly effective system of circulatory treatment. American consumers should know about this exceptional medical alternative to coronary bypass and other forms of heart surgery. As it stands now, a person who is suffering with hardening of the arteries generally receives incomplete information about the chelation procedure or no information at all. But, EDTA chelation therapy is safe — proven by more than 200,000 patients in more than 2 million EDTA administrations by about 1,000 physicians who are members of the American Academy of Medical Preventives.*

These physicians, and myself, feel that only by reversing diseases, such as hardening of the arteries, or by preventing them altogether will people be able to live their fully allotted life spans. And, many prominent scientists believe that we human beings are genetically programmed to enjoy a healthy 120 years! Yet, we live little more than half that age due, in many cases, to the debilitating and fatal effects of hardening of the arteries.

Of course, the first step in dealing with hardening of the arteries is prevention. This means improving the diet to eliminate refined sugars and overly fat foods, getting daily exercise to stimulate circulation, avoiding stress and taking those vitamins and minerals which help prevent arterial clogging (like vitamins C, B-complex, E and lecithin). However, if a person is already a victim of hardening of the arteries, the prevention then becomes an integral part of the cure, along with the use of the non-surgical wonders of EDTA chelation therapy. There is strong evidence that chelation therapy can reverse hardening of the arteries and be the way to a much longer and healthier life. A

For information about a physician located near you who gives the treatment, contact the executive director of the A.A.M.P., Lynne Stone, 305 South Doherty Drive, Beverly Hills, CA 90211; telephone (213) 878-1234.

Morton Walker, DPM, is the author of *Total Health* (Everest House, 1979, \$9.95) as well as the author of two other recent books *How Not to Have a Heart Attack* (Franklin Watts, Inc., 1980, \$9.95 hardcover or \$6.95 paperback) and *Chelation Therapy: How to Prevent or Reverse Hardening of the Arteries* (76 Press, 1980, \$12.50).

Cleaning Our Arteries —

Gayelord Hauser

KEEPING OUR LIFELINES OPEN

I have devoted 50 years to the study and teaching of nutrition, during which time I have influenced the lives of many people.

In all that time, nothing has emerged which would dissuade me from the belief that natural, fresh foods—the fresher the better—form the basis of every effective method of healing.

Since foods in supermarkets are altered and denatured to preserve them through long travels from the garden to the gullet, with a large storage time on the shelf in-between; it is logical to fortify the diet with vitamins, minerals and enzymes as I have always recommended. Even Gayelord Hauser cannot always eat the perfect food or protect himself against the pollution of food and air. It was a lucky day for me when I discovered chelation. I am still excited and enthusiastic about it. Until recently, relatively few people knew about chelation; but now, thanks to Dr. James J. Julian, a book by that name is available to everyone who wishes to know about this treatment.

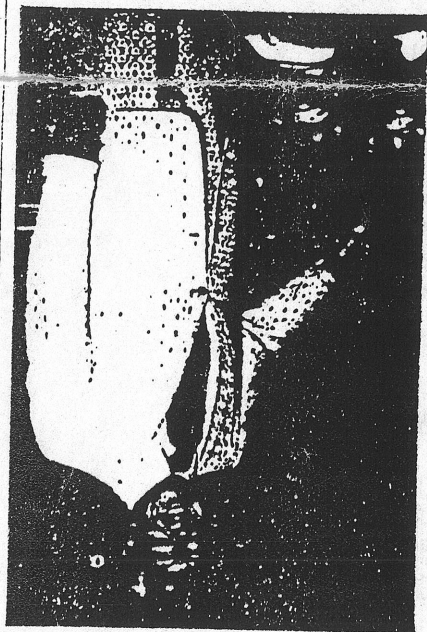
HEALTHY ARTERIES

Today the media bombards us with commercial messages about treatment centers for alcoholism, obesity, drug addiction, family violence and other problems. I want to call attention to one very basic physical barometer of health status—the arteries. We are born with clean, flexible arteries which serve us so well we are unaware of their existence. Only when they malfunction are we rudely reminded they are our lifeline. One hundred years ago, the eminent physician William Osler stated, "You are as old as your arteries." From that time until recently it was believed that nothing could be done about the condition of the arteries.

REMOVING CALCIUM

All that has changed dramatically. Today, another physician interested in the subject, James J. Julian, M.D., states, "You are as young as your arteries." The point he makes in his book *Chelation* is that arteries can be made younger. His way of making that point is described in a method by which the smallest arteries called "capillaries" are reopened and calcium is removed from the walls of larger arteries. It is the misplaced calcium deposits in the walls and on the linings of arteries that cause the trouble. Calcium makes the walls thick, stiff, and brittle and, additionally, holds the fats and debris together. My first experience with chelation therapy came when I was 85. A thermogram, which is infrared photography, showed the loss of circulation due to calcium deposits in my body. I decided to experience in my own body what chelation does to reverse this situation. I found that after three or four treatments you are freer, you see better, walk better, and you are better. I was absolutely amazed. Seeing is believing. By so simple a method, it is actually possible to reverse the aging process. If I were writing one of my books today, I would absolutely include chelation and would encourage my students to investigate the benefits of this treatment.

I was personally fortunate that Dr. Julian's office is conveniently located in the center of Hollywood. At the completion of a course of 21 treatments, the success was remarkable. I had lost all traces of fatigue and my vision improved.



By Gayelord Hauser

It is of the greatest importance to take responsibility for assessing the condition of your arteries—you have a strong family history of early heart attack, stroke or senility; or if you know your body has not had the best of care. That's why I like the term "rotter-rooter for the arteries" which Dr. Julian uses half in jest, to describe the chelation treatment. Actually, the treatment is more like using liquid drain cleaner because a bottle of clear fluid is run into a fluid contains EDTA (ethelene diamine tetracetic acid), a long name for an amino acid much like those serving as building blocks for the body. The liquified calcium is then passed out in the urine. There are 21 sittings lasting four hours each, during which time one can read, visit or just snooze.

As the arteries become unburdened, you feel relief as the calcium, lead, arsenic or other poisons leave your body. Your step is lighter, your mind is brighter and living is more enjoyable.

LIFESTYLE IMPROVEMENT

This seeming magic is helped along by the appropriate attention given to lifestyle improvement. Neglect and abuse, popularly called "risk factors," must be eliminated: nicotine, excessive use of caffeine or alcohol, excessive use of fats, salt, and sugar in the diet, and unmanaged stress. Identification and management of these risk factors are an integral part of the holistic approach to artery disease. Chelation therapy operates at the molecular level to reverse the disease process. Dr. Linus Pauling coined the name "orthomolecular medicine," of which chelation is a classic example.

"... the chelation diet is based on plenty of fresh fruits and vegetables."

Parents today have the opportunity to provide the ideal molecules for every cell by feeding their children correctly during the first four years of life.

I have had that experience and I want to share it with my students everywhere.

Health-conscious people will be happy to hear that the chelation diet is based on plenty of fresh fruits and vegetables with moderate protein in the form of eggs, fish and fowl. These ingredients provide what is necessary for attractive, tasty, varied meals while you improve the condition of your arteries.

THE CHELATION DIET

Health-conscious people will be happy to hear that the chelation diet is based on plenty of fresh fruits and vegetables with moderate protein in the form of eggs, fish and fowl.

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EVALUATION

Health-conscious people will be happy to hear that the chelation diet is based on plenty of fresh fruits and vegetables with moderate protein in the form of eggs, fish and fowl.